

TRANSMITTAL
FORM

FEB 07 2000

PATENT & TRADEMARK OFFICE

Application Serial Number	09/347,637
Filing Date	July 6, 1999
First Named Inventor	Shih
Group Art Unit	2772
Examiner Name	Not yet Assigned
Attorney Docket No.	SNS-006CPI

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form	<input checked="" type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Patent Appeals and Interferences
<input type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____]	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input checked="" type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund <input type="checkbox"/> After Allowance Communication to Group	<input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (please identify below)
<input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		

CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator
 Testa, Hurwitz & Thibeault, LLP
 High Street Tower
 125 High Street
 Boston, MA 02110
 Tel. No.: (617) 248-7000
 Fax No.: (617) 248-7100

SIGNATURE BLOCK

Date: February 3, 2000
 Reg. No. 39,382
 Tel. No.: (617) 248-7145
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Respectfully submitted,


 J. Scott Southworth
 Attorney for Applicants
 Testa, Hurwitz & Thibeault, LLP
 High Street Tower
 125 High Street
 Boston, MA 02110



sector 18
PATENT
Attorney Docket No. SNS-006CP1
(7268/10)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Shih et al.
SERIAL NO.: 09/347,637 GROUP NO.: 2772
FILING DATE: July 6, 1999 EXAMINER: Not yet Assigned
TITLE: Systems and Methods for Sculpting Virtual Objects In a Haptic Virtual Reality Environment

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any documents referred to as enclosed herein, are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Assistant Commissioner for Patents, Washington, DC 20231 on this 3rd day of February, 2000.

Kay Spolidigliozi
Kay Spolidigliozi

ATTN: BOX MISSING PARTS
Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

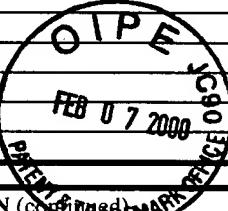
Submitted herewith is/are: Transmittal Form (1 pg.); Fee Transmittal (1 pg.); Executed Declarations and Power of Attorney for Utility Application (16 pgs.); copy of Notice to File Missing Parts Under 35 U.S.C. 371 dated August 6, 1999 (1 pg.); Petition for Extension of Time under 37 CFR 1.136(a) (1 pg.); Small Entity Statement (1 pg.); check in the amount of \$1,255.00; return receipt postcard.

FEET TRANSMITTAL

Note: Effective January 10, 2000.
Patent fees are subject to annual revision

Complete if Known

Application Serial Number	09/347,637
Filing Date	July 6, 1999
First Named Inventor	Shih
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Attorney Docket No.	SNS-006CP1



METHOD OF PAYMENT

1. Payment Enclosed:
 Check Money Order Other
2. The Commissioner is hereby authorized to credit or charge any fee indicated below to Deposit Account No. 20-0531.
 - Required Fees (copy of this sheet enclosed).
 - Additional fee required under 37 CFR 1.16 and 1.17.
 - Overpayment Credit.

FEE CALCULATION (continued)

3. ADDITIONAL FEES					
Large Entity	Small Entity	Fee Description	Fee Paid		
		Fee (\$)	Fee (\$)		
		130	65	Surcharge - late filing fee or oath	65.00
		50	25	Surcharge - late provisional filing fee or	
		130	130	Non-English specification	
		2,520	2,520	For filing a request for reexamination	
		110	55	Extension for reply within first month	
		380	190	Extension for reply within second month	
		870	435	Extension for reply within third month	
		1,360	680	Extension for reply within fourth month	680.00
		1,850	925	Extension for reply within fifth month	
		300	150	Notice of Appeal	
		300	150	Filing a brief in support of an appeal	
		260	130	Request for oral hearing	
		130	130	Petitions to the Commissioner	
		50	50	Petitions related to provisional applications	
		240	240	Submission of Information Disclosure Statement (37 CFR 1.97(c))	
		130	130	Submission of Information Disclosure Statement (37 CFR 1.97(d))	
		690	345	Filing a submission after final rejection (37 CFR 1.129(a))	
		690	345	For each additional invention to be examined (37 CFR 1.129(b))	
				Other (Specify)	

FEE CALCULATION

1. FILING FEE

Large Entity	Fee (\$)	Fee Description	Fee Paid
690	Utility filing fee	690.00	
310	Design filing fee		
150	Provisional filing fee		
	Number Filed	Number Extra	Rate
Total Claims	34	- 20 = 14	x \$ 18.00 =
			252.00
Independent Claims	4	- 3 = 1	x \$ 78.00 =
			78.00
<input type="checkbox"/> Multiple Dependent Claim(s), if any			\$260.00 =
			TOTAL: 1,020.00
			SMALL ENTITY DISCOUNT: 510.00
			SUBTOTAL (1) (\$)
			510.00

2. AMENDMENT CLAIM FEES

Claims	Highest No.	Present	Rate	Fee Paid
Remaining	Previously	Extra		
After Amend.	Paid For			
Total	- =		x \$ 18.00 =	
Indep.	- =		x \$ 78.00 =	
<input type="checkbox"/> First Presentation of Multiple Dep. Claim			+ \$260.00 =	
			TOTAL: (\$)	
			SMALL ENTITY DISCOUNT: (\$)	
			SUBTOTAL (2) (\$)	

SUBTOTAL (3) (\$)

745.00

SUBTOTAL (1) 510.00

SUBTOTAL (2)

SUBTOTAL (3) 745.00

TOTAL (\$)

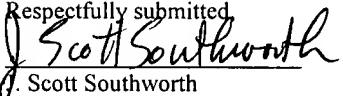
1,255.00

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Respectfully submitted

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